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ABSTRACT

Although clinicians have recently come to view children of alcoholics as primary patients who deserve treatment in their own right, such youngsters have little access to appropriate services. Experts estimate that less than five percent of children of alcoholic parents receive the help they need. Recent research indicates that the younger the child during the period of alcoholic disturbance, the more severe the effects on the child. This paper describes: (1) characteristics and dynamics of alcoholic households; (2) characteristics of and risks to young children raised in alcoholic homes; (3) the role of public schools and teachers in interventions to meet the needs of such children; (4) problems in identifying children of alcoholics; (5) the developmental impact of parental alcoholism on adolescents; (6) characteristics of alcohol education programs; (7) key principles of psychoeducational programs for children of alcoholics; and (8) beneficial effects of early intervention. Thirty-one references are listed. (RH)

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YOUNG CHILDREN OF ALCOHOLICS:

Little People With Big Needs

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They can be found buzzing within the classrooms of our elementary schools, shuffling along the hallways or romping across our play grounds. As a newly identified American sub group, these are little people with very big needs. They are the young children of alcoholics. (YCOA)

Some are offspring of the wealthy and famous. Others are children of welfare recipients. Some are being raised by Rhodes Scholars, others by functional illiterates. They are the progeny of clergy and custodians, of senators and service men. But all of these children protect a common family secret. Their parents are victims of a fatal, progressive and "equal opportunity" disease, alcoholism.

Parental drinking provides a central focus for the lives of these youngsters. Their feelings, personalities and social behavior are effected by this reality more than any other. (NIAAA, 1985) Moreover, since only one alcoholic in 35 gets help, there is a high likely hood that these children will deal with parental alcoholism for years to come. (Martin,1972) For a number of reasons, early elementary school experiences can be pivotal for young children of alcoholics. Fifteen million school age children live in families where good people are controlled by destructive chemicals. (Pilat & Jones, 1985) It has been estimated that up to 44% of school age children may be effected by parental drinking. (Anderson, 1987) Literature indicates that in any elementary classroom,

four to six students of every twenty-five are the children of alcoholics. (Woodside, 1983) Few programs are available to help such youngsters. Perhaps the greatest need of these children is that their educators understand the nature, scope and implications of chemical dependency. (Anderson, 1987)

Until quite recently young children of alcoholics, due to their immaturity were thought to be least effected by parental alcoholism. (Anderson, 1987) However, research now indicates that the opposite is more likely to be true. A recent study demonstrated that the younger the child during the alcoholic disturbance the more severe the resulting effects. (Werner, 1986) Even children under the age of five recognize the difference in shapes of bottles and associate feelings about the contents. (Reilly, 1981) Constant chaos, fighting (Wilson & Oxford, 1978) and confusion (Black, 1981) places little children in the alcoholic home in particularly frightening and fragile positions. Ironically, the nondrinking spouse may actually prevent the child from being helped. Denial of the drinking and attempts to conceal family problems frequently prevent a non alcoholic spouse from seeking outside assistance. (NIAAA, 1985) Since sober partners are often preoccupied and overwhelmed with their own problems, children do not receive support or nurturing within the home either. Even the least severe forms of chemical dependency result in some degree of emotional or physical neglect. (Fox, 1963)

The effect of being a young child and living in an alcoholic home can be absolutely devastating.

* 55% of all family violence occurs in alcoholic homes (Parker, 1986)
* Incest is twice as likely among daughters of alcoholics than their peers. (Parker, 1986)
* In up to 90% of child abuse cases, alcohol is a significant factor. (NACOA, 1986)

No statistics, though can adequately measure the psychological pain and suffering that the vulnerable YCOA encounters. (Parker, 1986) Consequences seem to be most serious if a parent is drinking heavily throughout a youngster's early development when the child has no accurate perception of what is normal or what is real. (NIAAA, 1985) Timmen Cermack, co founder of the National Association for Children of Alcoholics, recounts the story of a client who was three when her mother left her alone repeatedly overnight. The child was terrified but did not think that being left alone was abnormal. Margaret Cork (1969) interviewed numerous children below age ten who were concerned about their alcoholic parent's inability to care for them. Younger children (twelve and under) who must care for themselves are at greater risk than older ones. (Robinson, 1989) Research suggests that during infancy and early childhood, children of alcoholics have more serious accidents and serious illnesses than children from non drinking homes. (Chafetz, Blane & Hill, 1971) Technically, young

children of alcoholics are latchkey children by default. (Robinson, 1989) But because, YCOA's are not "officially" latch key children, they have received far less attention and help in coping with their self care arrangements. It is not unusual for a young child in an alcoholic home to cook all the meals, clean and get younger siblings off to school.

Not much in the alcoholic household is done conventionally. Buffeted by stings of broken promises, disappointments and out right lies, children learn not to trust the adults in their lives. It is frightening for the child to trust a parent who continually humiliates or places him in danger. (Black, 1981) It is also confusing when people minimize or are silent about significant incidents happening in the home. Due to this phenomena, young children of alcoholics come to doubt their own perceptions. First they learn not to trust others, eventually they learn not to trust themselves either.

When entire families organize around the behavior of an alcoholic, individuals are continually kept off balance anticipating drinking behaviors which are entirely unpredictable anyway. Alcoholic black outs causing periodic memory loss lead to further inconsistencies. The young child may view the alcoholic parent as two different people, one good and one bad. (Richards, 1980)

Children worry when they are away from home about the safety of the drinker (Pilat, 1982) and frequently

blame themselves for parental drinking. Most are angry at some level that the sober parent can not make things any better. Compounding feelings of guilt, worry and anger is a deep sense of shame. Embarrassment over home situations often leads young children of alcoholics to withdraw from peers and other close relationships. (Jesse, 1978) Isolation and loneliness are common feelings among YCOA youngsters.

Small children raised in alcoholic homes have little sense of power over their own lives. Correspondingly they rarely learn the combination of communication and assertiveness skills necessary to mold healthy adult personalities. (Barnes, 1977) For children who seldom experience any feeling of extended security (Black, 1981) home can be a battlefield. Communication barriers are eventually erected as a defense against potentially dangerous people and events. Feelings, mostly negative, are systematically repressed. (Black, 1981)

As if childhood trauma is not enough, children of alcoholics are at high risk for future problems as well. It has been estimated that up to 60% of children of alcoholics eventually fall into chemical abuse, (Anderson, 1987) or some other form of compulsive behavior. (Booz, Allen & Hamilton, 1974) In addition, children of alcoholics tend to marry alcoholics , and report life long problems with intimacy, (Woititz, 1981) and expressing feelings.

Clinicians have only recently come to recognize children of alcoholics as primary patients, deserving of treatment in their own right. (NIAAA, 1985) But youngsters living in alcoholic homes have considerably little access to appropriate services. Consequently, the young child in an alcoholic home is placed in a position of attempting to survive almost unaided. (NIAAA, 1985) Experts estimate that fewer than 5% of these children receive the help they need. (Sixth Special Report, 1987)

In the midst of this dilemma many professionals have focused upon school systems as possible purveyors of assistance and with good reason. All children attend school or come to the attention of school authorities. No alternative adult institution has such a comparable systematic reach. (NIAAA, 1982) It is apparent that young school children are willing to accept help for themselves, even when their parents are unwilling.

Children in the classroom are observable for long periods of time at various activities. They are also available in vast numbers. Additionally, school is the environment where most YCOA's are already assimilated and feeling relatively comfortable. (NIAAA, 1985)

Since the public school system is generally connected to a much wider network of community agencies, many services can be mobilized to effect specific or serious YCOA issues.

Care givers emassed within the reach of local school districts include administrators, teachers, counselors, remedial staff, medical personnel, social workers, psychologists, law enforcement officials, recreation and youth activities directors as well as church representatives. (NIAAA, 1987)

Schools are the prime institution already engaged in the work of alcohol prevention. On October 27, 1986, President Reagan signed into law the Drug Free Schools and Communities Act. This legislation provides financial resources to reinforce and co ordinate the efforts of schools to provide education and intervention in the area of alcoholism and drug abuse.

Some might argue that is is not the function of the already overburdened schools to provide services to children of alcoholics. Others maintain that for years school systems have been dealing with the symptoms of living in alcoholic homes such as child abuse, incest, troubled behavior, poor grades, school absences, delinquency and depression. (Morehouse, 1979) Experts now agree that care giving must encompass the ability to see past these symptoms and identify family alcoholism as the problem. (NIAAA, 1985)

Young children of alcoholics, according to Charles Deutsch, are in need of assistance in understanding and coping with familial alcoholism <u>before</u> they can effectively use the skills and knowledge that are the main task of education professionals.

> It is generally acknowledged that the transition to formal schooling correlates with the age at which a YCOA senses a growing awareness that his home and family are different. The time spent in the "healthy" sphere of the classroom merely heightens the child's internal conflict."
>
> Jean M. Nash

Additionally, parental alcoholism often interferes with a child's educational progress and social adjustment. When this occurs it becomes the responsibility of the schools to take action. (Morehouse, 1979)

Even systems which are firmly committed to intervention have difficulty identifying YCOA's within their populations. There are several reasons for this. Firstly, students do not readily break deep seated family policies of covering up alcoholism. (Lytle, 1987) Secondly, research on YCOA's school performance and behavior has seemed contradictory at times. (Anderson, 1987) This is due to the variation in survival roles that children have adopted in their alcoholic families. Some children react by becoming over achievers. They do extremely well in school in an effort to bring self esteem to the family. Others appear popular or overly accomplished to cover up deep feelings of inadequacy. (Anderson, 1987) Up to 40% of school athletes can be COA's for whom athletics provide a place to succeed and a reason to spend time away from home. The typical class clown may be a younger member

of an alcoholic home who has learned to employ antics to diffuse potentially explosive situations. Other YCOA's are more obviously identifiable. Some cause classroom disruptions by acting out their pain and anger. A final group of YCOA's sit in the back seats of classrooms and shuffle nearly invisibly through the day. These children have learned to survive by calling as little attention to themselves as possible.

The most reliable way to confirm the identity of a COA is through a standardized test. The Children of Alcoholics Screening Test (C.A.S.T.) is such an instrument. It contains 30 items to be answered in yes of no format. A major drawback, however, is that children must be old enough to read and write to complete the forms. (Robinson, 1989) This excludes identification of young children of alcoholics between the ages of five and eight.

Sometimes glimmers of a child's alcoholic background can be demonstrated at early ages through their art work. Especially when children are invited to draw about happy or sad days within their homes. This method of identification, however, relies heavily upon the creativity of the child and astute observations by the teacher.

By far the greatest stumbling block to serving children from alcoholic homes, at this point, is the problem of identifying them. (Robinson, 1989)

When an elementary school works hard to reach its COA population and intervene the entire school system is likely to reap future benefits.

Evidence suggests that first graders and adolescents manifest the most negative symptoms of living in alcoholic homes. (Bosma, 1975) Recently in a longitudinal study, Dr. Sheppard G. Kellam of Chicago's Social Psychiatry Research Center study was able to correlate adolescent drug abuse with first grade behavior. By introducing early intervention, future adolescent alcohol and drug related problems may be impacted.

Perhaps most tragic of all is the possibility that unrecognized YCOA's may reach adolescence and its vital task of discovering "Who am I?" -- with a developmental base of mistrust, shame, self doubt and inferiority. (Anderson, 1987) These children may infer that no one in school really understands them or cares about significant issues in their lives.

A sixteen year old had this to say:

> "Man, you bet I'm using. I've been in this ___ ____ place since second grade. This November I was classified emotionally disturbed. No one ever bothered all these years to find out that I've been living with an alcoholic mother and an old man who beats up on me two or three times a month. No one cares here either." (Personal Communication, 1989)

The fact is that elementary schools do care, but the problems are enormous. A number of responsive school systems have recently introduced programs to identify and reach out to the young children of alcoholics. Alcohol education programs such as "Here's Looking at You - 2000" have been implemented widely. Sometimes behavior demonstrated by students during these alcohol education classes is a clear signal that something is wrong at home. (Davis et all, 1985) Ruth B. Davis who heads CASPAR (Cambridge and Somerville Program for Alcoholism Rehabilitation) encourages teachers to develop a relationship with their students before introducing such potentially disturbing issues as parental alcoholism. (NIAAA, 1985) Astute observation during alcohol education has enabled CASPAR teachers to speak with and identify numerous students who are YCOA's. The CASPAR program then works with the identified children of alcoholics in small groups. The group experience has proved that children can learn to feel better about themselves and attend to their own needs whether or not a parent stops drinking. Closed, time limited groups have proved very effective in providing YCOA's with needed assistance. A span of ten to twelve sessions is usually sufficient.

CASPAR has a list of elementary school students waiting to participate but reports that adolescents are so "well entrenched" in denial that they are reluctant to participate except in integrated groups. Phil Diaz of Project Rainbows in Rockland County, New York,

places special emphasis upon YCOA's being helped to make choices which will lessen their sense of helplessness and enhance their feelings of self worth. Children Are People, a St. Paul based project also works with children in support groups. Group participation provides the opportunity to appreciate and reduce blocks to warm honest, non threatening relationships with others. (Naiditch, 1975) A main focus of C.A.P. is to teach children alternatives for coping with the stress of living in chemically dependent homes. Through games, discussions, poetry, music and art children learn about feelings, defenses, choices and specialness.

Parents are generally notified that their children wish to participate in a personal growth group and sent a list of topics to be covered during group sessions. Very few refuse permission. It is vital that special care be taken not to attach any stigma to the participation in these groups in order to insure maximum attendance. This will also provide maximum support for the attending child.

The child centered approach to family alcoholism in the schools begins with the assumption that children can be helped to understand their feelings and change their behavior whether or not parents are involved in treatment. Intervention can effect meaningful and even life giving changes in children as young as five, six and seven years old. (Robinson, 1989)

Most psychoeducational programs for children of alcoholics include these ten key points:

1. Alcoholism is a disease
2. Everybody gets hurt in an alcoholic family
3. Children whose parents drink too much are not alone
4. Children can"t cause, control or cure a parents alcoholism
5. There are many good ways for kids to take care of themselves
6. It is healing to identify and express feelings
7. It is okay to talk about parental drinking to a special group or a friend
8. Kids of alcoholics are at high risk of substance abuse themselves
9. It is important for children to identify and use a trusted support system outside the family
10. There are many ways of problem solving and coping with parental alcoholism

(Robinson, 1989)

It is important to recognize that YCOA's need special care from all of their teachers, not just those involved in specific alcohol education and prevention. The classroom teacher may be the first significant adult in an elementary school child's life who offers a consistent secure environment. (Morehouse, 1979) To establish a firm basis of trust the teacher must demonstrate to the child in gentle consistent terms that they are valued.

Astute observation, flexibility, innovation and sensitivity are watch words for all school personnel dealing with YCOA populations. Special arrangements may be in order, such as allowing a student to complete assignments in class. Extra time might be allotted for the procuring of supplies. Teachers should be keenly observant of students' physical and emotional conditions. A tired child may have been awake most of the night due to alcoholic fighting. A seven year old, who crawls into his closet to sleep out of fear regularly may indeed have chronic back aches. In addition to all other tasks, this kind of alert awareness may seem an immense demand on the class room teacher. The answer lies in establishing entire buildings of team helpers. A child may just as readily be identified in the nurses office, lunch room or gym.

The schools can not do it alone but if children are indeed our greatest national resource than approximately 15 million children are not getting the help they need. In the past the impact of alcoholism on highway safety and work productivity has received more national attention than has the impact of alcoholism on the lives of our children. (Booz, Allen & Hammilton, 1974)

The symptoms of the YCOA are profound. (Lentz, 1987) Early childhood experiences can cause scars that may last for a lifetime. Elementary schools are making great strides to assist these forgotten victims of alcoholism. (Cork, 1969) Schools can intervene to

interrupt the disease cycle of alcoholism before dysfunctional patterns are firmly in place in yet another generation. (Robinson, 1989) By early intervention school personnel can provide a network of care that will accompany young children throughout their school journey and beyond.

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